

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-046250

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 3593

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis County | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights St. Louis | | c. CITY OR TOWN Richmond Heights, St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary of the Angels | | d. STREET ADDRESS (If outside, give location) 1100 Bellevue Avenue | |
| 3. NAME OF DECEASED (Type or print) Sister Mary Aniceta Anger | | 4. DATE OF DEATH Month Nov. Day 22 Year 1963 | |
| 5. SEX F | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7-22-1895 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious Worker | | 10b. KIND OF BUSINESS OR INDUSTRY NUN | 11. BIRTHPLACE (City and state or country) Laflin, Missouri |
| 13a. FATHER'S NAME Alois Anger | | 13b. MOTHER'S MAIDEN NAME Louise Buchner | 14. NAME OF HUSBAND OR WIFE none |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of No | | 16. SOCIAL SECURITY NO. [redacted] | |
| 17. INFORMANT S.M. Francine, SSM., 1100 Bellevue Avenue | | 18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) [redacted] Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Wolf-Parkinson-White Syndrome | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | |
| 21. I attended the deceased from 1940 to Nov. 22, 63 and last saw her alive on Nov. 10, 63 Death occurred at 6:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Clement J. Bellan, M.D. | | 22b. ADDRESS 4161 Lendall St. Louis, Mo. | |
| 22c. DATE SIGNED 11-23-63 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 23b. DATE Nov. 25, 1963 | | 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery | |
| 23d. LOCATION (City, town, or county) St. Louis | | 23e. STATE Mo. | |
| 24. FUNERAL DIRECTOR A. H. Bocklage 6536 Clayton Rd. | | 25. DATE RECD. BY LOCAL REG. 11-24-63 | |
| 26. REGISTRAR'S SIGNATURE [Signature] | | | |

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Stanley H. Dixon

Licensed Embalmer No.

4193

P. O. Address

ST. L.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.